FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APPROVAL							
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person*  INSOFT STEVEN J					2. Issuer Name and Ticker or Trading Symbol OMEGA HEALTHCARE INVESTORS INC [ OHI ]								II / m	ionship of Reporting Per all applicable) Director Officer (give title		erson(	s) to Issuer 10% Ow Other (s	
					3. Date of Earliest Transaction (Month/Day/Year) 01/07/2021								7 ^	below) below) Chief Corp Development Office			er	
SUITE 200					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indivi	Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person				
(Street) HUNT VALLEY MD 21030														Form filed	by More t	than O	ne Reportin	g Person
(City)	(State	e) (	Zip)															
		٦	able I - Non	Derivat	ive S	ecuritie	s Acc	quired, D	ispo	sed o	f, or Be	enefic	ially Ow	ned				
Date				2. Transacti Date Month/Day		2A. Deemed Execution Date, if any (Month/Day/Year		Transaction Code (Instr.		4. Secui Dispose	ל. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 a		or 4 and 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)
								Code	v	Amount (A) o		A) or D)	Price	(Instr. 3 and				
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																	
Derivative Conversion Date Executive (Instr. or Exercise (Month/Day/Year) if any			3A. Deemed Execution Date, if any (Month/Day/Year	4. Transac Code (li 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable a Expiration Date (Month/Day/Year)			d 7. Title and Amoun Securities Underlyi Derivative Security and 4)		lying	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Ownership Form: Direct (D)	Beneficial Ownership (Instr. 4)
			Code V (A)		(D)	Date Expirati			Nun		mount or lumber of hares		Transaction(s) (Instr. 4)					
Restricted Stock Units	(1)	01/07/2021		А		51,674		(1)		(1)	Commo		51,674	\$36.42	51,67	4	D	
Profit Interest Units	(2)(3)	01/07/2021		А		117,487		(4)		(4)	OP Uni	its	117,487	\$0	152,05	55	D	

- 1. Represents Restricted Stock Units earned based on performance for the 2018-2020 performance period of which 25% will vest at the end of each calendar quarter of 2021, subject to continued employment and accelerated vesting in certain event and converted to common stock on a one-for-one basis.
- 2. Represents Profits Interest Units ("PIUs") in OHI Healthcare Properties Limited Partnership (the "Operating Partnership"), of which the Issuer is the general partner. Each PIU represents a contingent right to receive one unit of limited partnership interest (an "OP Unit") in the Operating Partnership upon vesting and the satisfaction of certain tax-driven economic requirements. OP Units do not expire.
- 3. The PIUs have been earned, but not yet vested, based on Total Shareholder Return for the 2018-2020 performance period, as certified by the Compensation Committee on January 7, 2021.
- 4. 25% of the Profits Units earned based on the 2018-2020 performance period vest at the end of each quarter of 2021, subject to continued employment and accelerated vesting upon certain events.

/s/ Thomas H. Peterson, 01/11/2021 Attorney-in-Fact Date

\*\* Signature of Reporting Person

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- \* If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.